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6. SERVICE CODES AND DESCRIPTIONS

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430.601: Introduction

All rehabilitation centers participating in MassHealth must comply with the regulations of MassHealth governing MassHealth, including, but not limited to 130 CMR 430.000 and 450.000.

(A) Definitions.

- (1) Eligible Provider of Rehabilitation Center Services – a freestanding center providing rehabilitation services that is licensed by the Massachusetts Department of Public Health and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).
- (2) Group Session – therapeutic services directed toward more than one patient in a single visit, using group participation as a treatment technique.
- (3) Maintenance Program – repetitive activities intended to maintain function that can be performed safely and effectively without the skilled assistance of a qualified therapist.
- (4) Physician’s Comprehensive Rehabilitation Evaluation – a cardiopulmonary, neuromuscular, orthopedic, and functional assessment performed at a rehabilitation center by a physician.
- (5) Rehabilitation – the process of providing, in a coordinated manner, those comprehensive services deemed appropriate to the needs of a physically disabled individual, in a program designed to achieve objectives of improved health and welfare with the realization of his or her maximum physical, social, psychological, and vocational potential.
- (6) Therapist’s Evaluation – an evaluation performed by a physical therapist, an occupational therapist, or a speech therapist at a rehabilitation center.
- (7) Therapy Visit – a personal contact with a member by a licensed physical therapist, occupational therapist, or speech and language therapist for the purpose of providing a covered service.

(B) Eligible Members.

- (1) (a) MassHealth Members. MassHealth covers rehabilitation services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth’s regulations. 130 CMR 450.105 specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.
- (b) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children program, see 130 CMR 450.106.
- (2) For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

(C) General Requirements.

- (1) The rate of payment for a service is the lower of either the provider’s usual fee to patients other than MassHealth members or the amount in the applicable Division of Health Care Finance and Policy fee schedule.
- (2) The rates of payment do not apply to the following services:
 - (a) medical services except as required for a comprehensive rehabilitation evaluation;
 - (b) psychology services; and
 - (c) audiology services.

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(D) Prior Authorization.

(1) MassHealth requires rehabilitation centers to obtain prior authorization for the following services to eligible MassHealth members. (See also 130 CMR 450.303.)

(a) more than eight occupational-therapy visits or eight physical-therapy visits, including an evaluation and group-therapy visits, for a member in a 12-month period; and

(b) more than 15 speech/language therapy visits, including an evaluation and group-therapy visits, for a member in a 12-month period.

(2) The rehabilitation center must submit all prior-authorization requests in accordance with the instructions in Subchapter 5 of the *Rehabilitation Center Manual*. Prior authorization determines only the medical necessity of the authorized service, and does not establish or waive any other prerequisites for payment, such as member eligibility or resort to health insurance payment.

(E) Noncovered Services. MassHealth does not pay for performance of a maintenance program. MassHealth pays for designing a maintenance program and instructing the member, member's family, or other persons in its use as part of a regular treatment visit, not as a separate service.